

10/594186

Application Data Sheet**Application Information**

Application Type:	Regular
Subject Matter:	Utility
CD-ROM or CD-R?:	None
Title:	LATERALLY CURVED SURGICAL CLIP
Attorney Docket Number:	40296-10010
Request for Early Publication?:	No
Request for Non-Publication?:	No
Total Drawing Sheets:	3
Small Entity?:	Yes
Petition included?:	No
Secrecy Order in Parent Appl.?:	No

Applicant Information

Primary Citizenship Country:	Brazil
Status:	Full Capacity
Given Name:	Jose
Middle Name:	Barbosa
Family Name:	Mendes, Jr.
Street of Mailing Address:	Rua Souza Naves 3378 Cascavel – 85.806-260
City of Residence:	Parana
State or Province of Residence:	

Country of Residence:	Brazil
Postal or Zip Code of Mailing Address:	N/A
Primary Citizenship Country:	Brazil
Status:	Full Capacity
Given Name:	Milton
Middle Name:	Tatsuo
Family Name:	Tanaka
Street of Mailing Address:	Rua Souza Naves 3378 Cascavel – 85.806-260
City of Residence:	Parana
State or Province of Residence:	
Country of Residence:	Brazil
Postal or Zip Code of Mailing Address:	N/A

Correspondence Information

Correspondence Customer Number	021788
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Representative Customer Number:	021788
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